



# Thomas Acres Public School

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Dear Parent/Carers,

7 November 2024

EXCURSION/EVENT	<b>Movie Day – Moana 2 (PG)</b>		YEAR/STAGE	<b>K-6</b>
DATE	Tuesday, 10 December 2024		COST	<b>FREE</b>
VENUE DETAILS	Dumaresq Cinemas and Koshigaya Park			
TRAVEL ARRANGEMENTS	METHOD	Bus		
	DEPART	Thomas Acres Public School	DEPART	8:55am
	RETURN TO	Thomas Acres Public School	RETURN	2:55pm
MEAL ARRANGEMENTS	Required - please provide lunch, recess and a drink			
UNIFORM DETAILS	Full School Uniform			
ORGANISER/TELEPHONE	Miss Tuerlings – phone 4626 4577			
PAYMENT DUE DATE	3 December 2024			
EDUCATIONAL OUTCOME	<p>The K-6 students at Thomas Acres Public School will have the opportunity to attend a whole school excursion to the movies, aimed at enhancing their social and emotional wellbeing. This outing provides a fun experience that fosters community, encourages friendships, and strengthens peer connections. Watching a film together promotes discussion and reflection on its themes and messages. Additionally, this excursion offers a break from the classroom routine and supports the school's commitment to creating a positive and inclusive learning environment.</p> <p>We are pleased to inform you that, thanks to a small surplus from Stage 2 Crash Night, students who participated in Crash Night can attend Movie Day at no charge.</p>			

If you wish for your child to attend, please complete the Permission Note and return it to the Office, along with your payment method by the due date. If you are unable to pay by this date, please contact the Office to see if an extension is possible. **Late payments cannot be accepted without prior arrangement.**

Thank You – Miss Tuerlings

## PERMISSION FOR K-6 – MOVIE DAY – MOANA 2 (PG)

I hereby give permission for my child \_\_\_\_\_ of class \_\_\_\_\_ to attend Movie Day – Moana 2 (PG) Excursion/Event on **Tuesday, 10 December 2024** at a \$0.00 cost. I understand that travel will be by **Bus**. I. My child has:-

- Anaphylaxis     Asthma (severe or mild)     Allergies \_\_\_\_\_     Other \_\_\_\_\_

Parent/Carers Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PLEASE ENSURE THIS NOTE IS SIGNED & RETURNED AS PROOF OF PERMISSION TO ATTEND**

**Please select one (1) payment method below**

- ONLINE** via **Sentral for Parents App**. There is no need to return this note if you have given permission online.
- EFTPOS** - Accepted only by tapping/swiping card directly into EFTPOS terminal located in the Office. *Phone payments not accepted – consider using Online method instead.*
- CASH** - enclosed is \$\_\_\_\_\_. Adult making this payment (*please print*) \_\_\_\_\_
- CREDIT** - please use \$\_\_\_\_\_ credit for this payment.



Office  
use